

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023866  
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5531

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>Lemay</b> <b>4870.</b>                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. Anthony Hosp.</b>   |  |   |  | Length of stay in lb<br><b>2 days</b>   |  | d. STREET<br>ADDRESS <b>215 Geneva</b> (If outside, give location)   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Lena</b> Middle <b>--</b> Last <b>Weltig</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>25</b> Year <b>1958</b>   |  |  |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Feb. 23, 1876</b>                             |  |
| 9. AGE (In years last birthday)<br><b>82</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | IF UNDER 24 HRS.  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Germany</b>         |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |   |  |   |  |  |  |
| 13. FATHER'S NAME<br><b>(Unk.) Meyer</b>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Clementine (Unk.)</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>488-12-6610D</b>  |  | 17. INFORMANT<br>Address <b>Clarence Jones 215 Geneva Lemay, Mo.</b> |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute dilation of heart</b><br><b>cardiac infarction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>cardiac infarct</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>420.1</b> |  |   |  |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |   |  |  |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>420.1</b>  |  |  |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br>Month, Day, Year  |  |   |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |  |
| 21. I attended the deceased from <b>5-1-53</b> to <b>5/25/58</b> and last saw her alive on <b>5/25/58</b><br>Death occurred at <b>10:10 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Erwin D. Crecelius</b> (Dr. or M.D.)  |  |   |  | 22b. ADDRESS<br><b>752 Lemay Ferry Rd.</b>  |  | 22c. DATE SIGNED<br><b>5/26/58</b>                                   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>May 29, 1958</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Lemay, Missouri</b>      |  |
| 24. FUNERAL DIRECTOR<br><b>C. Hoffmeister Mortuaries</b><br>ADDRESS <b>7814 So. Broadway St. Louis, Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 27 '58</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>                       |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Will C. Branson*  
Licensed Embalmer No. *476*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above: